SEC For																
	FORM	4	UNITE	D STA	TES	s si			IES AND hington, D.C. 2		NGE CO	OMMIS	SSION			
Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).				STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934										OMB Numb Estimated a	OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5	
1. Name and Address of Reporting Person <sup>*</sup> MCCABE MICHAEL J													5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) (First) (Middle) C/O THE ALLSTATE CORPORATION 2775 SANDERS ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/21/2006								X Officer (give title Other (specify below) below) V.P. and General Counsel			
(Street) NORTHI	60062-612	7	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	itate)	(Zip)													
Table I - Non-Deriv       1. Title of Security (Instr. 3)       2. Trans       Date       (Month/				action	ar)	ecurities Ac 2A. Deemed Execution Date, if any (Month/Day/Yea		te, 3. Code (Ins	4. Securition	f, or Bend les Acquired Of (D) (Instr.	(A) or	5. Amoun	s Fori lly (D)	n: Direct or Indirect	7. Nature of Indirect Beneficial Ownership	
								Code V	Amount	(A) or (D)	Price	Reported Transactio (Instr. 3 a	on(s)		(Instr. 4)	
									quired, Dis ts, options				Owned			
1. Title of Derivative Security (Instr. 3)	f 2. 3. Transaction 3A. Deemed		ate, 4. Co	4. Transaction Code (Instr.		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Ca	ode V	,	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Employee Stock Option (right to buy)	\$53.84	02/21/2006			A		41,000		02/21/2007 <sup>(1)</sup>	02/21/2016	Common Stock	41,000	\$53.84	41,000	D	
Employee Stock Option (right to buy)	\$53.84	02/21/2006			A		27,000		02/21/2007 <sup>(1)</sup>	02/21/2016	Common Stock	27,000	\$53.84	68,000	D	
Restricted Stock Units	\$0 <sup>(2)</sup>	02/21/2006			A		7,500		02/21/2007 <sup>(2)</sup>	02/21/2010	Common Stock	7,500	\$0	7,500	D	
Restricted Stock Units	\$0 <sup>(3)</sup>	02/21/2006			A		6,200		02/21/2010	02/21/2010 <sup>(3)</sup>	Common Stock	6,200	\$0	13,700	D	
<ol> <li>Option exercised respectively.</li> <li>Award of H</li> </ol>	Restricted Stoc mon stock as th	ses: r increments, each fo k Units (RSUs) grant re restrictions lapse (	ed under The A	Allstate Co	rporatio	on 20	01 Equity	y Ince	ntive Plan. Each	RSU represent	s the right to	receive, w	ithout the payr	nent of any consi	ideration, one	share of

3. Award of Restricted Stock Units (RSUs) granted under The Allstate Corporation 2001 Equity Incentive Plan. Each RSU represents the right to receive, without the payment of any consideration, one share of Allstate common stock at the end of the period of restriction (the conversion date). The total number of RSUs will unrestrict on February 21, 2010.

Katherine A.	Smith for Michael	00/00/0000
J. McCabe		02/23/2006

Date

\*\* Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.